

NO R 12464

**Environmental Health Section
Beaufort County Health Department
220 N. Market St.
Washington, North Carolina 27889
(252) 946-6048**

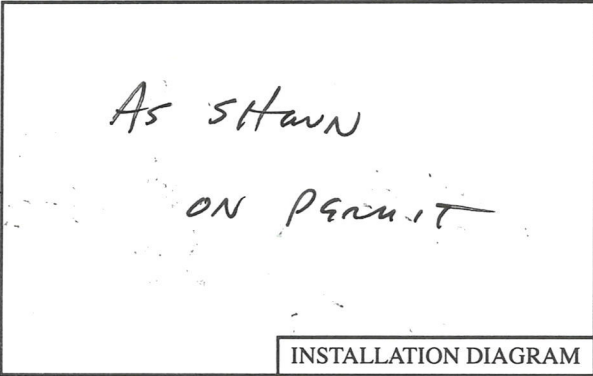
- New Construction
- Repair
- Flow Addition

Date: 3/6/2008

OPERATION PERMIT

This permit guarantees only materials used and method of installation and that it meets all state regulations for new constructions.

Owner: DEL MILTANBERGER Phone: 945-8224
 Address: 322 1/2 RIVER RD Lot Number: N/A
 State Road Number: 1300 Type Structure: HOUSE
 Septic Tank I.D. EXISTING Pump Tank I.D. N/A
 Installer: VAUGHAN 10-DIGIT PIN 5485-55-4382
 System Type: 118 Specific System Installed: IQ4W



Additional for all systems: Landscape system area for surface water runoff and grass.

Do not place drive or any building over the system area or repair area.

Remarks: 2 LINES (3x28)
1 LINE (3'x20')
1 LINE (3'x24')

Authorized State Agent: [Signature]

Date: 3/6/08

White Owner/Contractor Yellow - Health Department Pink Building Inspections

AUTHORIZATION TO CONSTRUCT
 BY: MATTHEW L. HAVER, R.S.
 DATE: 2/26/2008
 PERMITS: R-12464
 The Construction Authorization is non-transferable when there is a change in ownership

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*** NOT TO SCALE ***

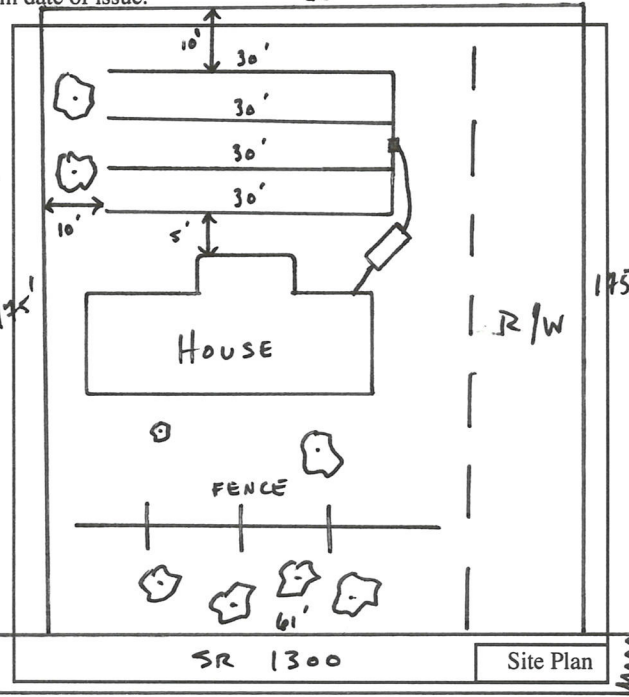
IMPROVEMENTS PERMIT

A Building Permit cannot be issued with only an Improvement Permit

WELL (TO BE ABANDONED)
 63'

*Improvements permit is valid for five years from date of issue.

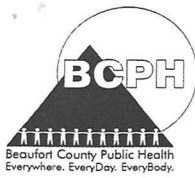
Owner: DEL MILTEN BERGER Phone: 945-8224
 Address: 322 1/2 RIVER ROAD WASHINGTON, NC 27889
 Subdivision: WASHINGTON PARK Lot Number: _____
 State Road Number: 1300 Directions: RIVER RD EAST; 12TH HOUSE ON LEFT AFTER ISOLDE 10-DIGIT PIN 5685-55-4382
 Property Size: 63' x 175' Type Structure: HOUSE
 Design Flow: 240 No. Bedrooms 2 No. People: 1
 Water Supply: Public Private (Maintain minimum 10 feet separation from any part of septic system and repair area.)
 Classification: REPAIR Suitable Provisionally Suitable PS with fill
 Additional Drainage: LANDSCAPE SYSTEM AREA TO SITE'S SURFACE WATER
 Seasonal Wetness Condition: --- Soil Type III System Type IIa
 Septic Tank: EXISTING gal. Pump Tank: N/A gal.
 Pump Required Yes No May be required based upon final location & elevation of facilities
 Nitrification Field: 360 square feet trench bottom
 Trench Depth: 24-30" Fill Depth: N/A
 Comments: PUMP TANK; SET NEW D. BOX & INSTALL LINES
(3' x 30') CONVENTIONAL NOISE TREATMENT FOR REPAIR
- MAINTAIN SETBACKS
- USE SOIL CLOTH



The issuance of this permit by the Health Dept. in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, or the intended use changes, or site alterations occur. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Additional for all systems: Landscape system area for surface water runoff and grass. Do not place drive or any building over the system area or repair area. Observe all proper setbacks (15A NCAC 18A .1950). Do not work soil or install system in wet conditions. This permit must be on site during installation and inspection.

Authorized State Agent: *Matthew L. Haver, R.S.* Date: 2/26/08
 White Owner/Contractor Yellow - Health Department Pink Building Inspections



BEAUFORT COUNTY HEALTH DEPARTMENT

Environmental Health Section

220 North Market Street
WASHINGTON NC 27889

TELEPHONE: 252.946.6048
FAX: 252.946.2074

Dear Citizen:

So we may better serve Beaufort County, please take a few minutes to answer the following questions and return this to the Beaufort County Health Department. Thank you.

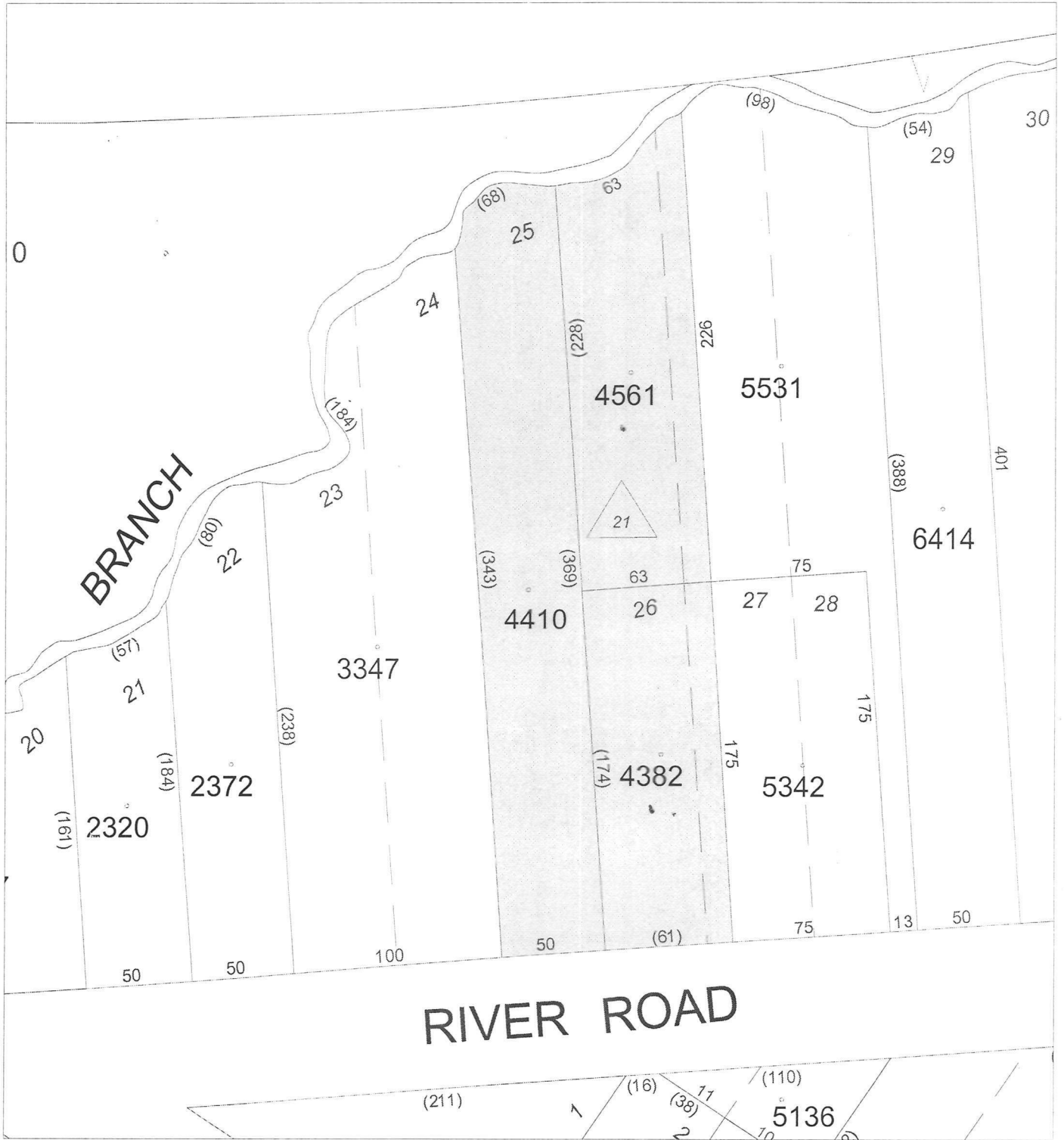
1. Type of evaluation: () soil evaluation for a new septic tank system, () repair of an existing system, () replacement of a building on an existing system, () addition of a detached structure, () addition of an attached structure, () other () no answer
3. Did you receive a permit (), a denial (), or is the application still pending ()?
() Permit/Denial () Didn't continue application () N/A
4. Did you accompany the Environmental Health Specialist (EHS) during the evaluation? Yes () No () () No Answer
5. Did the Office (Clerical) Staff act in a professional manner? Yes (), No () No Answer () N/A ()
6. Did the EHS act in a professional manner? Yes (), No () Generally () No answer ()
7. Did the EHS seem knowledgeable of rules, regulations and procedures? Yes (), No () No answer () Somewhat ()
8. Was the EHS polite and courteous? Yes (), No () Generally () No Answer ()
9. Did you have an opportunity to ask questions? Yes (), No () No answer () No, someone else was ()
10. Did the EHS project a helpful attitude? Yes (), No () Generally () No answer ()
11. Was the evaluation reviewed and explained to you? Yes (), No () No Answer () N/A ()
12. Has the EHS been available to you when needed by visits or telephone calls? Yes (), No () No Answer () N/A ()
13. Were you satisfied with the service? Yes (), No () No Answer ()
Why or why not?

COMMENTS:

Jojo - PERMIT
CHECK # 4082

Thank you for taking the time to complete this evaluation form. Your opinion is important to us.

Please Fold and Mail in the Enclosed Self-Addressed Stamped Envelope



Beaufort County

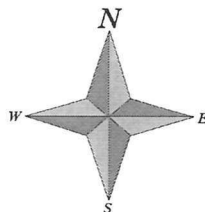


Land Records / GIS

Owner Name : MILTENBERGER RENA TOLER

Scale : 1 Inch = 70 Feet.

Date : 12/08/2006



***** DISCLAIMER *****

THIS MAP IS PREPARED FOR THE INVENTORY OF REAL PROPERTY IN ACCORDANCE WITH N.C. LAND RECORDS TECHNICAL SPECIFICATIONS FOR BASE, CADASTRAL AND DIGITAL MAPPING SYSTEMS. GRAPHIC ILLUSTRATIONS HEREON ARE COMPILED FROM RECORDED DEEDS, PLATS AND OTHER PUBLIC RECORD RESOURCES. PERSONS ARE HEREBY NOTIFIED TO CONSULT ALL APPLICABLE PUBLIC RECORDS FOR VERIFICATION. BEAUFORT COUNTY AND ITS AGENTS ASSUME NO LEGAL RESPONSIBILITY FOR THE ACCURACY OF INFORMATION DEPICTED ON THIS MAP.

Online Maps: www.co.beaufort.nc.us

R. 12464
 The Commission has jurisdiction to maintain the system shown to a change in ownership.

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IMPROVEMENTS PERMIT

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 Subdivision: WASHINGTON Pkcs
 State Road Number: 1300 Directions: River Rd East 1/2 mile on
 Lot Number: 27889 Phone: 945-8224

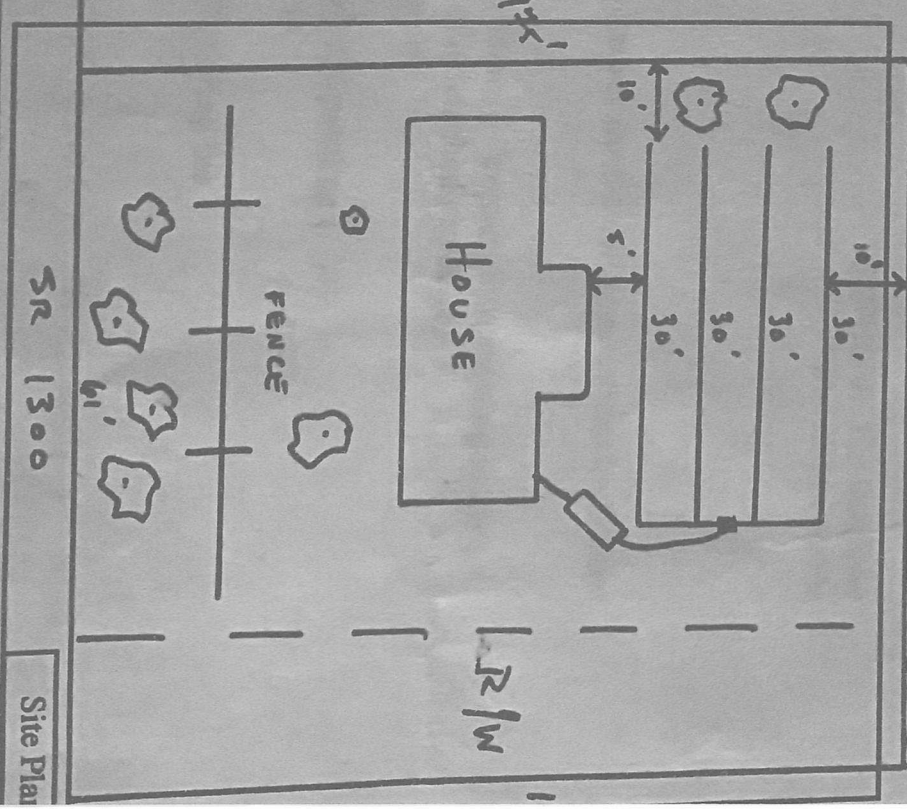
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NOT TO SCALE

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Well (to be abandoned)

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 Pump Required Yes No May be required based upon final location & elevation of facilities
 Trifurcation Field: --- square feet trench bottom
 Trench Depth: 24-30" Fill Depth: N/A
 Comments: PUMP TANK SET NEW D. BOX OF INSUL & LINES
(3x30) CONVENTIONAL NOW REVERTS FOR REPAIR
- WASHMAN SENSARUS
- USE SOIL CLON



Site Plan

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